

Jarvis (Ed)

MANIA TRANSITORIA.

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BY EDWARD JARVIS, M. D.*
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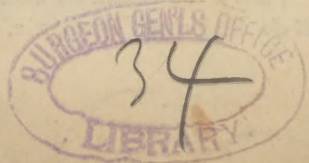
This is a form of mental disorder which suddenly appears in persons previously sound, or not supposed to be unsound, in mind: it has a short duration and suddenly disappears.

This is not exclusively a new or an old doctrine; but it has been taught in France and Germany for many years, by the managers of the insane, and by writers on these topics. It is recognized by psychological authorities in Great Britain. It is admitted and established by jurists and courts in Europe, in their management of persons who have committed acts which would otherwise have been considered as crimes, and for which they would have otherwise been doomed to death on the scaffold.

The case of Andrews, who was tried at Plymouth in December last, for homicide, has brought this subject prominently before the public here. As there is a difference of opinion in regard to this doctrine, especially in its application to the case of Andrews, it may be well to present the views of those who have written upon it,

* From the trial of Dea. Andrews. Prepared by Hon. Charles G. Davis, Boston, Mass.

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in connection with an account of Andrew's agency in the homicide, and of his trial.

Dr. Henry Maudsley, manager of a lunatic asylum at Hanwell, near London, and one of the editors of the *Journal of Mental Science*, says, "Cases of insanity are occasionally observed in which an attack of mania suddenly comes on, and soon passes away, so that although there is no epileptic fit, one can scarce avoid looking upon the attack as a sort of epilepsy. Now this *Mania Transitoria* may take on the homicidal form."*

He quotes from the *Journal de Med. et Chir. Pratiq.* 1833, the case of a shoemaker, who was of industrious, sober habits. He arose early one morning to go to work. In a short time his wife was struck with his wild look and incoherent talk. He suddenly (*tout à coup*) seized a knife and rushed upon his wife to kill her. She had hardly time to escape with her child. Dr. Lowenthal was called. He bled and gave other remedies to the maniac. In the afternoon he was quiet. In the evening he regained the use of his faculties, but he had no recollection afterward of the events of that morning.

Castelnau calls this *La Folie Instantanée, temporaire, passagère*; "mania instantaneous, transitory, temporary, fleeting; a mental disorder, which breaks out suddenly, like the sudden loss of sense in some physical diseases, and the subject is urged in a moment to automatic acts, which could not have been foreseen."†

"The first act of the mania may be homicide, and the disease may pursue its course under the continued or intermittent form, but when the act of violence or homicide is the only maniacal manifestation, it is instantaneous, temporary, fleeting, transitory, insanity according to Henke, Marc, Cazauvielh, etc."‡

* *Jour. Mental Science*, ix. 336.

† Dr. Ph. Boileau de Castelnau in *Annales d'Hygiène Publique et de Médecine Légale*, xiv. 217.

‡ *Ibid.* 222.

He quotes in illustration from Hiem of Berlin, the case of a councillor of state, who had ever enjoyed good health. He suddenly awoke one night, breathing stertorously. His wife endeavored to aid him. He assailed her with the most violent fury, and tried to throw her out of the window. After a struggle for half an hour, he was exhausted. An emetic put an end to the paroxysm, and for fourteen years he had had no other attack.*

A laboring man of Gard, returning from his work, met his wife, and asked her if supper was ready. She immediately seized a knife and struck him a fatal blow. She had not been insane, though excitable, and belonged to an insane family.†

Castelnau, referring to this form of mental disorder, says, "I could show by facts, already so numerous, recorded in the works of physicians devoted to the study of insanity, and the observation of the insane, the existence of a mental malady which society has the greatest interest to know, in order to prevent consequences dangerous to the community and to the person affected."‡

Again Castelnau says, "We could cite a great number of facts, but these are sufficient to show that the various kinds of insanity, as of all the diseases of the organism, can establish themselves in a manner either progressive or sudden, and have a progress slow or rapid, continued, intermittent, or temporary."§

After a great variety of facts and arguments, Castelnau, at the end of his essay, says in conclusion, "There exist these instantaneous changes in the mental faculties, that is, instantaneous insanity."

"These changes have their first and only manifestation in a single act of qualified crime."§

* Castelnau, *Ann. Hyg. et Med. Leg.* xlv. 222.

† Ibid., 993.

‡ Ibid., 216.

§ Ibid., 438.

§ Ibid., 998.

Castelnau's essay was published in 1851: seven years later, December 14, 1858, M. Le Dr. A. Devergie read, before the Imperial Academy of France, an essay on the questions, "*Where does reason end? Where does insanity begin?*" This was printed in the *Annales d'Hygiène, Publique et de Medicine Legale*, in 1859, vol. xi., second series. He confirms the opinions of Castelnau, in regard to instantaneous and transient insanity; except that he qualifies them with the certainty or probability, that all or nearly all these cases had been preceded by hereditary taint, or some mental disease or irregularity in greater or less degree.

"Besides those cases of insanity produced under all these causes, is another mode of alienation, to which they gave the name of *Transitory Insanity* (*folie-transitoire*,) that is to say, without preceding apparent symptoms, without cause, near or remote, appreciable to the world, bursting out as suddenly (*brusquement*) as a clap of thunder, and ceasing completely with a criminal act."*

"No motive for the act, either in ungoverned passions, or in acquired ideas; previous character and manner without reproach; absence of hallucination; the explosion of mania manifesting itself in one act of violence or crime, and the immediate return of reason after this act is accomplished; these, in my opinion, are the characters of *transitory insanity*."†

Devergie qualifies this description as above indicated: "Nevertheless the word *transitory*, perfectly just for the world, in the sense that the mania was fleeting (*passagère*,) although the act was of the most criminal nature, does not seem sufficiently exact for the physician. The persons of this description should not be considered as sound in mind when the idea of crime suddenly rises

* *Ann. Hyg. et Med. Leg.* xi. 2d Ser. 407. † *Ibid.*, 408.

within them, and becomes the ruling thought, irresistible, stronger than themselves, stronger than their own will. The antecedents of their families, hereditary taint, divers acts of social life, propensities and tastes perverted, tendencies to silence and abstraction, thoughts of suicide, for years existing in many; have been the forerunners of the sudden outburst of irresistible criminal mania."

Devergie quotes the case of a young man of nineteen, son of a merchant of Bordeaux. He had been most regular and exemplary in all his previous life, an affectionate brother, dutiful son, faithful to his employer, a banker, and the heir of an immense fortune, but he was the child of insane parentage, and had a mother-in-law for whom he had a deep aversion. There was a dinner party at his father's house which passed without unusual incident. "At the time of the dessert, Julius, the youth, left the table, and went to the hall to warm himself; the fire was not burning: he went to the chamber, and took his gun and straw hat to walk in the fields as he was accustomed to do. Then the thought of suicide, which had troubled him for a month, suddenly presented itself, and as suddenly changed to the thought of killing his mother-in-law. He threw down the gun, went to his brother's chamber, took two pistols, which had been loaded three months, leaving his own pistols that he had loaded the evening before. He went to the dining-room, where his mother-in-law was sitting at the table with his father, and discharged one of the pistols into her temple."* He was rational immediately afterward, and so far as is known, remained sane.

Upon this case Devergie remarks: "If the act which young Julius committed was one of mania, it was in him a passage sudden and rapid from reason to insanity, and a return as sudden from insanity to reason. This then

* Ibid., 398.

is a very exact example of that species of mania which is called *transitory*." This case was submitted to MM. Gintrac and Delafosse of Bordeaux, Calmiel, Tardieu and Devergie, who gave their opinion, "that Julius, at the moment of this action, had not the possession of his freedom of will," and the court and jury acquitted him fully of the charge of crime.*

These doctrines are sustained by French lawyers, and put in practice by French courts and juries, in the trials of cases of this nature. "Bellard, a jurist (*jurisconsulte*) of high character, whom no one suspects of being indulgent, recognizes the reality of instantaneous insanity." He says, "There are some madmen whom nature condemns to eternal loss of reason, and others who only lose it for a moment (*instantanément*) by the effect of some great grief, surprise or other cause of this kind. There is no other difference between these two forms of mania than that of duration; and one whose head is turned for some hours or for some days is as completely insane, during this ephemeral action, as the one who is mad for many years." "*Les aliénés devant les cours d'Assizes*."†

To this Devergie adds: "So in the short period of thirty years or more, we have passed from incredulity, I may say, from ignorance the most profound, of the nice distinctions of insanity, with such immense advance, that now our judges and juries accept as founded on evidence, not only delusions on a single point, monomania, but even those transitory aberrations of reason, which, in the judgment of the world, transform a man of previously honorable character into a criminal, and one so much the more wicked because he has covered his perversion of heart so completely as to conceal, through a long

* *Ann. Hyg. et Med. Leg.*, xi. 2d Ser. 499.

† Castelnau in *Ann. Hyg. et Med. Leg.*, xlv. 217.

period of years, the baseness of his act under the garb of the most irreproachable life.”*

Esquirol says, “These deplorable homicidal impulses are spontaneous and fleeting, and without habitual delusion.”† Referring to murder by one in this condition, he says, “This presupposes the suppression of all intelligence, all sensibility and all volition. The following fact will best explain my meaning. A man, thirty-two years old, tall, thin in flesh, of a nervous temperament, amiable disposition, was educated with great care, and accomplished in the fine arts. He had had a cerebral affection from which he had recovered many months previous to his arrival in Paris, two months ago. There he conducted himself with great propriety, until one day, when he entered the Palace of Justice, and there threw himself upon a lawyer and seized him by the throat. He was arrested and taken to prison, and put under my care on the same day. At my first visit, on the next day, he was calm, without anger or resentment, had slept all night, and had sketched a landscape. He spoke of his going to the court room the evening previous, coolly, but had no recollection of his conduct there, or of his motives. Nor did he manifest any regret. He answered my questions courteously, and with an air of sincerity. ‘I went to the Palace of Justice, as I would to any other place, without any special purpose, merely as a sight-seer. I not only had no ill will against the advocate, but did not even know him. I cannot understand how I could have committed such an outrage.’ When I said, that it could be explained only by the sudden attack of some disease, he said, ‘you may explain it as you please, I am not conscious of having been ill, and I cannot tell how this could have happened.’

* *Ann. Hyg. et Med. Leg.*, xi. 2d Ser. 402.

† *Malad. Mentales, Sous les Rapports Medico-Legal*, ii. 104.

During the three months that he remained under my observation he manifested not for an instant any disorder of the mind.”*

Castelnau says, “There is no want of authorities to establish the doctrine of instantaneous insanity.” The observations made by writers on medical jurisprudence (*medicins légists*) of the present day leave no doubt of the existence of this mania, of a few instants, during which, men, who have never manifested insanity, all at once (*tout à coup*) are completely deprived of their reason, and give themselves up to the most deplorable excesses. The learned chief editor of the *Journal du Medicine et de Chirurgie Pratique*, offers five examples of this kind of mania. In four of these, accidental circumstances only prevented persons, whose previous life had been irreproachable, from committing crimes. The fifth case was that of a woman who killed her mother and three others, and wounded a fourth person.†

Tuke quotes and refers to a large number of cases of impulsive homicidal mania, from Marc, Otto, Michu, Esquirol, Ray, and others, showing that some had delusions, some had inherited disease or defective cerebral organization, others had manifested irregularities of mind before, and some after the outbreak, and of a few nothing is shown except the single fact of sudden and short mania. Following this description of these cases, he adds:—

“To this analysis of cases, a brief summary of the chief characteristics of homicidal insanity may be added. It manifests itself under very different mental conditions. It may or it may not be associated with decided lesions of the intellect. It may may or it may not be impulsive

* *Malad. Mentales Sous les Rapports Medical et Medico Legal*, ii. 102.

† *Ann. Hyg. et Med. Leg.* xlv. 221.

in character. It may or it may not be preceded by appreciable premonitory symptoms. It may or it may not be manifested in early life. However, careful investigation will reveal, in the majority of cases, a disturbance, more or less, of the intellectual as well as of the moral faculties; leaving still a considerable number of cases, in which there is a sudden, blind, motiveless, unreasoning impulse to kill."

"An inquiry into the patient's history will generally detect a change in the character. This, however, obviously cannot be looked for in cases where the mental disorder can be traced back into infancy, or where the intellectual or moral defects are congenital."*

In the analysis of cases, Tuke does not deny the facts as they are presented, the suddenness of the outbreak, the shortness of the paroxysm, nor the suddenness of the cessation; but he adds, that in most of the cases, the sudden and transitory disease was grafted on a mind, which was prepared for this attack, by hereditary predisposition, by perversions, or eccentricities, or was otherwise unsound, though not manifestly insane; and that their subsequent history showed that most of these were insane, and that after all these deductions, there were a considerable number in which no such preparatory condition could be proved.

Fortunately for the safety of society, these cases of sudden outbreak of mania in persons of sound mind are rare, and confined mostly to those whose brains are imperfect from heritage or impaired by intemperance, or by indulgences, eccentricities, or irregularities and indiscretions, which, though not amounting to disease of the mind nor recognized as such, yet prepared the way for its appearance, whenever a suitable exciting cause should present itself.

*Bucknill and Tuke *On Insanity*, 201.

The seventy-five to a hundred cases of transitory mania reported are gathered from wide and manifold opportunities of observation in Europe and America, principally in France and Germany. Some psychologists of large experience have met none. Dr. Bell, at the trial of Rogers, after stating that he had had upwards of a thousand patients under his charge,* said, "I have heard of many cases where the disease was only transitory, from Dr. Woodward and others, though I am not familiar with cases of such short duration, under my own observation."†

Dr. Choate said that he had had charge of between three and four thousand patients at the Taunton Hospital in the course of fifteen years, and in that time he had not seen any such case.‡

Although the cases of complete mania transitoria, involving the three essential elements, sudden outbreak, short duration, and sudden cessation are very rare, yet cases including one or more of these elements are more common.

SUDDEN OUTBREAK.

Pritchard says, that "many instances are known, in which a sudden impulse to commit some atrocious act, has arisen in the mind of a person otherwise apparently sane, and certainly in full possession of his intellectual faculties."||

Esquirol says, "There are other monomaniacs who kill by instinctive impulse. They act without consciousness, without delusion, without motives. They destroy by a blind impulse, instantaneously, independent of their volition."§ Elsewhere, he speaks of per-

* *Trial of Rogers*, 149.

† *Ibid.*, 156.

‡ *Trial of Andrews*, Pamphlet Report, p. 47.

|| *Treatise on Insanity*, 27.

§ *Malad. Ment.* ii. 99.

sons who suddenly (*tout à coup*,) change their relations to persons and things. They hate those whom they loved before, they are at war with all the world: a woman, the very image of candor and virtue, as meek in temper as modest in manner, who only speaks words of tenderness and generosity, a good daughter, wife, mother, all at once (*tout à coup*) loses her reason. Her timidity is changed into audacity, her sweetness into ferocity; she now offers nothing but injury, blasphemy, obscenity; she respects neither the laws of decency nor those of humanity; she exposes her person nakedly; she threatens her father, beats her husband, strangles her children.”* “With a few, the impulse is so violent and instantaneous that there is no struggle of the will to resist, and the act follows immediately.”†

Esquirol quotes the case of a teamster from *Le Mercure de Souabe*, who “left home in perfect health, was suddenly (*subitement*) attacked with mania on the road. At Nogglingen he abused a woman. At Unterlobengen he walked in front of his team with a hatchet in his hand. Before reaching Hussenhofen he struck a woman, the first person he met, several blows with his hatchet, and left her prostrate in the ditch by the side of the road. Next he split open the head of a boy thirteen years old. Then he buried his hatchet in the skull of a man thirty years old, and spilled his brain on the highway, and gave him many more blows on the body. Then he left his hatchet and his team, and went on alone. Meeting two Jews he attacked them, but they escaped. Next he attacked a peasant, who resisted him, and raised help to arrest him. They showed him the dead bodies. He then said, ‘It was not I but my evil spirit that committed these murders.’”‡

* *Malud. Ment. Rapports Medico Legal*, ii. 131, 132.

† *Ibid.*, 104.

‡ *Ibid.*, 832.

Castelnau says, that to numerous authorities already cited, he would add that of Dr. Lanier, a distinguished medical psychologist, who states in *Ann. Med. Psych.* that "from certain causes, persons are rendered powerless to resist an idea suddenly presenting itself to them, or not existing before. This idea may impel them to suicide, murder, theft, or other crime."^{*}

Tuke quotes a case from *Marc I.* 242, of a man who in a paroxysm of sudden fury cut his son's throat.[†]

Dr. Ray, after describing many cases, under various categories, according to their characters, says: "In the first group, we have the simplest form of homicidal insanity, in which the desire to destroy life is not only prompted by no motive whatever, and solely by violent impulse, but without any appreciable disorder of body or mind."[‡] He quotes a case from Dr. Otto in the *Edinburgh Phrenological Journal*, vi. 611, of a man thirty-seven years old, who had had fits of giddiness. The state of his health was perfect, in mind as well as in body, when he walked out with his son, ten years old. When near the water a strange feeling came over him, and it appeared like a matter of absolute necessity to drown himself and his son. While attempting it, the boy was taken from him; he plunged into the water, but was rescued and restored to his right mind. He then quietly described the whole, but could not explain the cause of the sudden rising of the desire to drown himself and his son. Probably the cause was a congestion of blood in the brain, such as had produced giddiness before."^{||}

Dr. Ray gives another case, from Michu, *Sur la Mon-*

^{*} *Ann. Med. Hyg. et Med. Leg.* xlv. 437.

[†] Bucknill and Tuke, 197.

[‡] *Med. Jurisprudence of Insanity*, 205.

^{||} *Ibid.*, 210.

omanie Homicide, 99. "A woman, ten days after confinement, suddenly having her eyes fixed upon her child, was seized with a desire to strangle it."**

Dr. Ray, in the trial of Rogers said, "Insane impulses often come on very suddenly and appear to be uncontrollable."†

At the same trial, Dr. Woodward said, "The outbreak or apparent commencement of the disorder is frequently abrupt and instantaneous."‡

On the same occasion Dr. Bell said, "In cases of outbreak, the impulse is so sudden that the patient is hardly conscious of his acts."§ Tuke quotes a case from Marc of a man aged sixty, dejected, but not considered insane, who suddenly seized a hammer and struck a child on the head with it. He was much attached to the child.¶ And another from the Newgate Calendar, of William Brown, who strangled a child whom he accidentally met. He had never seen the child before, had no malice against him, and could give no motive for the act. He bore an exemplary character, and had never been suspected of being insane.¶¶

Dr. Woodward, speaking of the cases of fifteen homicides under his care in the Worcester Hospital, says, that seven of them were not considered insane before they committed the act. They were at work at their several employments; were not observed by those associated with them to have any evidence of alienation; they knew, as well as others, right from wrong, how to manage their affairs, and conduct their business as well. The first overt act of insanity was the homicidal act, and that was impulsive.**

* Ibid., 214.

† *Trial Rogers*, 163.

‡ Ibid., 160.

§ Ibid., 175.

§ Bucknill and Tuke *On Insanity*, 196.

¶ Ibid., 198.

** *Worcester Hospital Report*, x. 73.

Esquirol adds to the detailed description of a considerable number of cases of sudden and violent attacks of mania, "In these, the third series, the impulse is sudden, instantaneous, (*subiter, instantanée*) without reflection, stronger than the will. The murder is committed without interest, without motive, and frequently upon the dearest friend."*

SHORT DURATION.

Besides the cases already quoted and referred to, which are distinctly described as sudden in their manifestation and disappearance, and short in their duration, there are many others, the beginning and ending of which are not specifically mentioned, but only spoken of as short, transitory, fleeting. It is a natural inference, that these also were rapid in their development and cessation. Yet not to assume more than is given, these are placed in this separate chapter, leaving it for those to whom it may seem more probable, to conclude that the outbreak was gradual and even manifest, both in its approach and in its fading away.

These cases are simply reported as of short duration, spasmodic, comprising a single paroxysm of lunacy, and that characterized only in the propensity to commit an act of violence or crime, or the actual perpetration of the deed.

Bucknill, in a note to his *Essay on Criminal Lunacy*,† quotes the opinion of Dr. Forbes Winslow, given at the trial of Anne Brough for murder, that "cases of temporary insanity, resulting in a desire to commit murder or suicide, are very common."

Esquirol says, in one place, "These impulses are spontaneous and fleeting."‡ And in another, "The act accomplished, the access is over."§

* *Malad. Ment.* ii. 834.

† P. 60.

‡ *Malad. Mentales*, ii. 104.

§ *Ibid.*, 105.

Dr. Ray recognizes this, when, at the trial of Rogers, he said, "The violence of the paroxysm may be as great in transient as in permanent mania."* And again, "I do not consider the duration of the defendant's affection an essential particular."†

Dr. Woodward, in the same trial, said, "The impulse generally expends itself in a single act."‡ "Cases of as short duration as the present are not infrequent, though they can hardly be called common."§ "The outbreak of an insane person seems to be a safety-valve by which to let off his accumulated excitement."§

SUDDEN RESTORATION.

"Recovery from insanity generally takes place gradually, though occasionally the disease may suddenly disappear, on the occasion of certain moral or physical impressions."¶ In proof of this, Dr. Ray quotes several instances of sudden restoration to reason. One from Pinel, of a gentleman in a fit of depression or delusion, going to drown himself, but was attacked by robbers when near the water, and defended himself. While in this struggle, his reason returned, and his desire of self-destruction disappeared. Another case is from Dr. Rush, of a patient who became intensely alarmed when riding, by the horse running away. The fright took the place of the mania, which appeared no more. Rush mentions several other cases of sudden restoration of lunatics to their reason.

Prichard states several cases of sudden recovery in the English insane asylums.

Esquirol mentions a girl who was suddenly restored, by seeing the actual cautery which he was about to ap-

* Ibid., 105.

† P. 165.

‡ P. 158

§ P. 161.

§ P. 160.

¶ Ray, *Med. Jurisprudence, Insanity*, 327.

ply to her body. And another, who, at the appearance of the catamenia, suddenly found her reason come back to her. He quotes a third case, in which the insane idea of long standing disappeared almost suddenly. (*presque tout à coup.*)*

Dr. Ray, in the trial of Rogers, said, "Crises are sometimes observed in insanity, where the force of the disorder seems to expend itself in a single moment or upon some particular occasion."†

CALMNESS AFTER THE ACT OF VIOLENCE.

After a deed of violence by the homicide, his agitation ceases, and he is calm and indifferent as if he were merely an uninterested spectator. Peter Neilson, in Scotland, drowned four of his children in a pit, then returned and told the people what he had done. He went back to the pit with the people and saw the dead bodies, without emotion.‡ Rice, who in Concord a few years ago, killed his father, in the house, with the tooth of a harrow, and then threw him down the cellar stairs, was immediately calm, sat down by his mother's side and told her that they would say that his father fell down stairs and broke his head on the fall. Dr. Woodward mentions the case of a man in the hospital who, in a sudden impulse of excitement, seized a bludgeon, and struck a deadly blow on the head of an inoffensive female. In a moment he was as cool as ever, and quite unconcerned, as if he had done no injury to any one.¶

Esquirol says, "Some monomaniac homicides, after the act, appear to be relieved of all agitation and distress. They are calm, without regret. They contemplate their victims with a coolness, and sometimes with a sort of satisfaction."§

* *Malad. Mentales*, ii. 832.

† P. 169.

‡ Ray from Otto *Med. Jurisprud. Ins.*, 219.

¶ *Hospital Report*, x. 86.

§ *Malad. Ment.* ii. 105.

In the trial of Rogers, Dr. Bell said, "It is a well settled fact, that after paroxysms of violence, the insane often appear calm and tranquil."* Dr. Ray said, "The calmness of the defendant after the homicidal act is in accordance with general experience."† Dr. Woodward: "The calmness of the defendant after the act, coincides with common experience."‡

Henrietta Cornier, who cut off the child's head and threw it into the street; the teamster who killed four persons and assaulted three others; the woman who killed her mother and three others; the youth who shot his mother-in-law, and very many others, described by Marc, Esquirol, Tuke, Ray, &c., were calm and even indifferent, after the commission of their acts of violence.

ABSENCE OF MOTIVE.

Some lunatics, who commit homicide or other deeds of violence, have motives for their actions, which they recognize and acknowledge. But these are usually imaginary and out of relation or proportion to the act. They frequently act under delusions, which, if real, would be sufficient reason for their conduct if they were sane. Others act without motive. They feel impelled to their strange conduct by forces which they cannot resist, or control. "These," says Esquirol, "act without consciousness, without passion, delusion or motive."|| "Such is the power of this disorder, that persons of the sweetest temper are driven to violate the laws the most sacred, and kill those who are the dearest to them. Deprived of reason, they are influenced by no passion and no motive."§ He mentions seven cases of this motiveless momentary insanity.

Tuke describes and quotes thirty-one cases of homi-

* Page, 158.

† P. 165.

‡ P. 160.

|| *Malad. Mentales*, ii. 99.

§ *Ibid.*, 102.

cide, violence, or propensity, which he arranges in a class, under the descriptive head of "without marked disorder of the intellect," and without premeditation and design.* Some, like the Suabian teamster before quoted, yield blindly to their excited destructive propensity, and attack, injure, or destroy whatever or whoever may be in their way.

NO REMORSE AFTER CRIMINAL ACT.

Many of the insane, who commit acts of violence, murder, assaults, &c., under the influence of delusion, paroxysm, or impulse, when they regain their reason, do not feel that they were free agents, nor responsible for their conduct at the time as sane persons are. They may have killed those whom they most loved, wives, husbands, parents, children, and mourn their loss as deeply as they would the same event from any other cause. Yet ordinarily they feel none of the remorse that sane murderers would, none of the bitterness of self-condemnation.

Gall quotes a case of an insane woman who drowned her little son. "She behaved in the most regular manner, expressed the deepest repentance for the act, but did not consider it as a crime."†

Ray says, "The homicidal monomaniac, after gratifying his bloody desires, testifies neither remorse, nor repentance, nor satisfaction."‡ A large part of the insane homicides and incendiaries described by the writers on these topics, are said to have shown no remorse; and although they may have confessed the facts, and their agency in them, they did not charge them upon their consciences as sins.

A young incendiary, who had set three fires in a state

* Bucknill and Tuke, *Insanity*, 194.

† Works, i. 298.

‡ *Med. Jurisprudence of Insanity*, 231.

of mania, was brought to my care. He coolly confessed his agency in these facts, and regretted it, but felt no pang of conscience.

Thus men who are even sensitively conscientious in regard to their conduct in health, commit atrocious acts in their insanity, and afterward, when reason is restored to them, they charge themselves with no sin for these acts; they feel that they were not then responsible. Their calmness seems, to those who do not understand the disease, to be hardihood in crime, and is held by them as evidence of guilt; while the psychologist looks upon it as proof of innocence and irresponsibility.

NO CONSCIOUSNESS DURING THE ACT, NOR RECOLLECTION AFTERWARD.

Among the significant peculiarities connected with the violent acts in the paroxysms of some of the insane, are unconsciousness during the act or outbreak, and forgetfulness or absence of recollection afterward. In these cases, the mind seems suspended and receives no impression, and of course, retains none. Referring to the acts of a maniac in his brief paroxysm, in the trial of Rogers, Dr. Woodward said, "the memory of what has occurred is frequently obliterated,"* and Dr. Bell, "in cases of outbreak, the impulse is so sudden that the patient is hardly conscious of his acts. It often occurs, that after the paroxysm has ceased, the patient has little or no recollection of the act itself, though he remembers pretty well what preceded and what followed."†

The young man who attacked the advocate in the court room of Paris already described, had no consciousness of the act at the time, and no recollection afterward.

Dr. Laycock, the learned Professor of Medical Psychology in the University of Edinburgh, in a lecture on the legal responsibility of the insane, quoting the case of

* *Trial of Rogers*, 161.

† *Ibid*, 157.

Bryce, who had killed a person, but had no recollection of it, said, "want of recollection is common in homicidal lunatics of a certain class."*

Dr. Ray, in the trial of Rogers, said, "where the paroxysm of insanity is very severe, and the conduct of the patient very violent, I have generally found a breach of consciousness in his mind. He appears to have lost a portion of time out of his recollection. I have always inquired of patients in regard to the degree of their consciousness, and I cannot think of a single instance where one was conscious of everything during the paroxysm."†

Dr. Ray in his *Medical Jurisprudence of Insanity*,‡ a work of the highest authority in America and Great Britain, quotes the instance of a girl who, in a paroxysm, was violent, sometimes attempting her own life, and sometimes that of her mother. The fit, which, altogether, continued one or two days, being over, she recovered her affection for her mother, and asked her forgiveness. She did not recollect all the circumstances of these fits, and denied, with feelings of surprise and regret, some of the particulars which were related to her."§

Castelnau gives several cases of similar forgetfulness of the events of a paroxysm of mania. The shoemaker who suddenly attacked his wife;§ the man in Rue de la Porte d'Alais, in Paris, who was suddenly made insane, and broke his furniture, and abused his wife;¶ the woman who grossly insulted her companions in an outbreak;** all these severally had no memory, after their restoration, of what they had done in their insane excitement. So also the tailor, whose case he quotes from

* *Journal of Mental Science*, London, x. 361.

† *Trial of Rogers*, 164.

‡ Page 213.

§ *Annales d'Hygiène et Médecine Légale*, xlv. 222.

§ Ibid., 224.

¶ Ibid., 226.

** Ibid., 226.

Marc, De la Folie, ii. 512, who suddenly became insane, and began to overturn furniture and attacked his wife, had the same unconsciousness of his acts at the time, and the same want of recollection the next day.*

Baron Martin, presiding at the trial of Townley, for the murder of Miss Goodwin, at Derby assizes, December, 1863, in his charge to the jury, said, "In one species of insanity, the patient lost his mind altogether, and had nothing left. Such a person would destroy his fellow-creatures as a tiger would his prey, by instinct only; a man in that state had no mind at all, and therefore was not criminally responsible."†

A boy under my care as a patient, was ordinarily as quiet as other and sound persons. One night he refused to go to bed at his usual time, and in his usual way. I endeavored to persuade him, and not succeeding, I took his hand to lead him to his chamber. Immediately he broke out in furious rage, and for three quarters of an hour he tried, in all ways and means, to injure me, and the persons and things about him, to bite, strike, kick, scratch, overturn furniture, books, etc. At the end of this time he became quiet, apparently exhausted, and fell asleep in my lap. We then put him to bed. All this time he seemed utterly unconscious, and to be governed merely by instinct. The next day he had no recollection of the events of the evening. He was languid and feeble, as if he had passed through great excitement or labor; but after this, he had no more paroxysms, nor, in the four or five years succeeding, during which I knew of his condition, did he have any further mental disturbance.

INSTRUMENTS OF INJURY.

A sane man, whether honest or criminal, when he has an object in view, a purpose which he premeditates and

* Ibid., 223.

† *Journal Mental Science*, ix. 596.

plans to accomplish, usually prepares in advance the means fitted for his object, and obtains the best instruments within his knowledge or reach. The insane, under homicidal delusions or propensities, sometimes make such preparations, and obtain arms, guns, pistols, knives, razors, which they use for their destructive purpose. But when the paroxysm is sudden, and the propensity to kill or injure comes after or with the outbreak, then he seizes whatever may be within his reach at that moment and place.

“The criminal lays his plan for the execution of his designs. Time, place, and weapons are all suited to his purpose. The homicidal monomaniac, on the contrary, for the most part, consults none of the usual conveniences of crime. He falls upon the object of his fury, oftentimes, without the most proper means for accomplishing his purpose.”*

One of Dr. Woodward’s homicidal patients was standing before his fire-place, by the side of his wife. He was suddenly excited with mania, then took the andiron which was then present, and with it struck his wife a fatal blow.† Another, in the same mental state, took a billet of wood that lay before him, and used it with the same deadly effect.‡

Dr. Ray quotes a case from Georget (*Discourse Medico-Legale*, 153,) of an epileptic, who, in a paroxysm, ran through the fields; he pelted one man with stones, which he threw at him; he knocked down another by beating him on the head with a large stone in his hand; he attacked a third with a spade which he found in the field; and a fourth with stones.¶

Esquirol gives account of a woman who killed her child, stabbing it twenty-one times with scissors.§

* Ray’s *Med. Jurisprudence, Insanity*, 232.

† *Worcester Hospital Report*, x. 78.

‡ *Ibid.*, 80.

¶ *Med. Jurisprudence, Insanity*, 209. § *Malad. Ment.* i. 231.

Castelnau speaks of one who did a similar work with a pocket-knife.*

An epileptic patient under my care, was disposed to fight in his sudden outbreaks. Then he would use whatever means happened to be before him. In the house he took up books, chairs, inkstands. When walking in the fields with his attendant, he took up stones to throw at him, and once he used them as mallets in his hands to beat his companion.

EXCESS OF DESTRUCTIVENESS IN THE INSANE.

An ordinary sane criminal, having a definite purpose, accomplishes that, and is then satisfied. If he intends to kill for revenge, for passion, or for robbery, or to prevent detection, he simply extinguishes life, and then leaves his victim. His destructive force and instruments are only used as means for an ulterior purpose, and when that is effected they cease to act, and the propensity is satisfied.

The insane homicide often uses his destructiveness as an end. He has no other purpose than to destroy. He is not satisfied with merely killing. He goes beyond. Dr. Ray says, "The criminal never sheds more blood than is necessary for the attainment of his object. The homicidal monomaniac often sacrifices all within reach of his murderous propensity."†

A sane murderer would be satisfied with cutting the throat of his victim, or with one or two stabs in the region of the heart, or one or two blows on the head with a heavy instrument.

Tuke relates the case of a woman who cut off the head of her child with a razor, and of a man who cut off the

* *Ann. Hyg.*, xlv. 439.

† *Med. Jurisprudence, Insanity*, 231.

head of his companion with the same kind of instrument.*

A few years ago, an insane man called at a house in Roxbury, on some errand. He was left alone in the parlor for a few minutes with a little child; when the mother returned, she found that the maniac had severed the child's head from the body.

Henrietta Cornier not only severed the head of the child left in her charge, but threw it out of the window into the public street.† Castelnau gives account of a woman who cut off the head of a child with a pocket-knife, and moreover stabbed it in the head, back, abdomen, and legs. He adds, that the great number of wounds in this case was held by the distinguished psychological physician (*medicin legist*) as a characteristic symptom of insanity.‡

Esquirol states the case of a woman who destroyed her child, by inflicting twenty-one stabs with scissors, and then threw the body into the vault of a privy.¶

Dr. Woodward gives the case of a homicide by a maniac, wherein the body was found "horribly mangled; one side of the head beat in, and both arms and legs broken."§ Dr. Bell related a case that had come under his charge. A young man struck his father repeated blows on the head with a pitchfork, and killed him.

The teamster before mentioned, 1st, abused a woman; 2d, struck another woman several blows with the hatchet; 3d, split open the head of a boy; 4th, buried the hatchet in the skull of a man, and spilled his brain on the ground, and then struck him many more blows; 5th, attacked two Jews; 6th, attacked a peasant, whom he met successively in his walk on the road.

* Bucknill and Tuke, *Insanity*, 201.

† Esquirol, i. 231.

‡ *Ann. Hyg.* xlv. 439.

¶ *Malad. Ment.*

§ *Wor. Hos. Rep.* x. 87.

HEREDITARY PREDISPOSITION TO INSANITY.

The question of hereditary descent of diseases, or rather of the tendency to or susceptibility of disease from parents to children, through successive generations, is too well settled to require any further proof or argument. It is only desirable to refer to it in this connection, by way of explanation of the class of transient mental disturbances now and here under consideration.

A considerable proportion of those who have suddenly appeared to be insane, were of unsound cerebral constitution by inheritance, their parents or ancestors having been insane. Tuke, referring to this class of transient cases, says, "An inquiry into the patient's history, will generally detect a change in character; this, however, obviously cannot be looked for in cases where mental disorder can be traced back into infancy, or where the intellectual and moral defects are congenital."* Again he adds: "In some persons there is rather a congenital proclivity to disease, than the actual disease itself, and in these, a circumstance which, in persons without that proclivity, would produce no result, will call into action abnormal, that is to say, truly diseased, mental manifestations, although they may be only functional, and subside when the exciting cause is removed."†

Devergie says, "If we examine the ancestral history of the families on the paternal or the maternal side, of these transitory maniacs, it is not rare, that one or even many members of the family have been insane for longer or shorter periods." He quotes the case of one of these patients who had committed homicide in a transitory paroxysm, "in whose family one maternal great uncle died insane; one paternal aunt killed herself, and another relative on the mother's side was known to have been troubled with eccentricities (*bizarres idées*) all her life."‡

* Bucknill and Tuke, *Insanity*, 201.

† Ibid., 186.

‡ *Ann. Hyg. et Leg. Méd.* xi. 2d Ser. 412.

Castelnau describing one, who, in a momentary paroxysm of mania, had killed another, said, "that her mother suffered from grave disease of the cerebro-spinal system, and had hemiplegia previous to this daughter's birth. Her grandfather was insane, and her brothers were strongly impressed with the character of her ancestors."* Of another he says the grandmother and great-grandmother were insane, and their father considered by the neighbors as not sane.†

The young man in France, who in a sudden paroxysm shot his mother-in-law, inherited his insane proclivity through both of his parents.‡

Tuke, in the part which he contributed to the admirable conjoined work of Bucknill and Tuke on Insanity, quotes|| many cases of impulsive and homicidal mania from Henke, Esquirol, Marc, Metzger, Georget, Ray, Otto. *Annales Medico-Psychologiques*, *Gazette des Tribunaux*, *Medico-Chirurgical Review*, and other journals. Most of these are represented as sudden and transitory. He admits these, with all their elements as they are originally described, outbreaks of short duration, without preceding or succeeding manifest insanity. He supposes that, although the single paroxysm was the only apparent mental disturbance, the cerebral constitution was not previously completely sound. That it was either originally imperfect by inherited predisposition to insanity from insane parents and ancestors, or that it had become impaired by indulgences, eccentricities, etc. And that in either case the visitation had not been sufficiently great or manifest to be recognized by the patients themselves or perceived by others, yet were sufficient to pre-

* *Ann. Hyg.* xlv. 442.

† *Ibid.*, 443.

‡ Bucknill and Tuke, 195.

|| *Ibid.*, 194.

pare the ground for the development of insanity, whenever a suitable existing cause may present itself.*

If we inquire into the mental condition of the parental and maternal ancestors of those thus accused of crime in sudden paroxysms of mania, "it is not rare to find one or more suicides, or who have suffered from insanity for a longer or shorter period."†

EFFECT OF EXTERNAL DISTURBING CAUSES.

The mental as well as the physical functions are susceptible of sudden disturbances and morbid changes. Generally they come from within; sometimes they come from without. Most of the sudden outbreaks of mania are the evolution of culmination of unseen and unrecognized morbid processes; some are the result of internal causes, which human philosophy has not yet been able to explain; and some are produced by outward influences that suddenly act upon the cerebral organism,

* Bucknill in his *Essay on Criminal Lunacy*, p. 38, speaks of "those in whom the impulse is sudden, instantaneous, unreflected on, stronger than the will; the murder is commonly committed without interest or motive, and often upon the most loved objects of the affections." And adds, "The existence of this class admits of grave doubt." Bucknill does not doubt the facts, as they are presented and described, of sudden outbreak and short continuance; but he says, "It is probable that the cases of insanity which have been placed under this head, were less recent and sudden than they were supposed to be. The earlier stages of diseased feeling had been unobserved by others and unacknowledged by the patient." This essay was written in 1854. It does not mention hereditary taint among the cerebral imperfections predisposing to these sudden maniacal attacks. But in the work which he, in conjunction with Tuke, published four years later, the hereditary predisposition is mentioned (page 186,) in this connection. The later work further adds, beside the majority of cases in which are the precursory "stages of diseased" and "congenital proclivity," there are left "a considerable number of cases in which there is a blind, motiveless, unreasoning impulse to kill."—Bucknill and Tuke *on Insanity*, 201.

† Devergie, *Ann. Hyg. et Med. Leg.*, xi. 2d Ser. 409.

and at once disturb the functions of the brain. One is thrown out of a carriage; no physical injury is seen, yet the brain is disturbed; the shock overcomes its balance of functional action, and the mind is at once deranged. A horse runs away with a chaise, and puts the passengers in great excitement and alarm, and perhaps in real danger. Nevertheless, the animal is arrested; the passengers are bodily safe, but the fright has overpowered the senses of one; she is confused, bewildered, insane.

Many writers on insanity, and many hospital superintendents, include *fright* among the causes of mental disorder. Esquirol speaks of it as a common cause, and says, that it produced forty-six out of twelve hundred and eighteen admitted at the Charenton and Salpêtrière hospitals under his charge.* Dr. Choate reports seventeen cases from fright among three thousand three hundred and ninety patients received at his hospital in Taunton in fifteen years.† The Worcester Hospital reports forty-five in thirty-six years.‡ The Hartford reports twenty-one among four thousand eight hundred and ninety-eight patients.§ The State Hospital at Utica, N. Y., reports forty-seven cases of fright in nineteen years of its operations.¶ Most hospitals present a similar history. The same is found in English and Scotch hospital reports.

Females are somewhat more susceptible of mental disturbance from this sudden disturbing cause than males, yet the records of lunatic hospitals do not present a very great difference between the sexes, in this respect. Of the forty-five cases admitted at Worcester from this cause, twenty-one were men and twenty-four were women. Dr. Choate reports six men and eleven women received at Taunton from this cause. The nine-

* *Malad. Ment.* i. 62, 64.

† 15th Rep. 30.

‡ 36th Rep. 16.

§ 44th Rep. 16.

§ Reports.

teen American hospitals, which report the causes separately for each sex, received one hundred and thirty-one males and one hundred and eighty-three females who were made insane by fright, and twenty-six British and Irish asylums report one hundred and fifty-five male and three hundred and fifty-three female patients whose insanity was due to this sudden disturbing influence.

Some hospitals report cases of insanity produced by other outward influences that speedily overpower the brain: shock, sunstroke, firing cannon, excitement of religious and political meetings.

Fright is an absorbing emotion quickly following some appalling event or impression on the mind and feelings. The shock comes as suddenly and is as rapid in its effects. The consequences of the firing of cannon, and sunstroke belong to the same category. These outward influences fall at once on the brain and at once disturb its functional operations, and the sufferer is immediately unbalanced and disordered in mind.

Esquirol mentions a woman who was made a maniac in a moment by a thunder-clap.* Tuke gives fright as one of the moral causes of insanity.† Bucknill, in his *Essay on Criminal Lunacy*, refers to mental shock of grief or disappointment as cause of mental disease.‡

Castelnau quotes Bellard, who speaks of those that instantaneously lose their reason from the effect of a great grief, great surprise, or other cause of this kind.|| Pinel says, that some persons of extreme sensibility, may, by some keen and sudden affection, be so intensely moved, as to suspend or even destroy all moral power. An excessive joy or fright produces this inexplicable phenomenon, and hence, says Castelnau, even dementia may be suddenly produced.§ Castelnau gives the

* *Malad. Ment.* i. 85.

† Bucknill and Tuke, 289.

‡ Page 19 || *Ann. Hyg. et Med. Leg.* xlv. 210. § *Ibid.*, 228.

instance of an inventor of an improved cannon, which met the approbation of the French Government. He was struck senseless by reading the official letter of commendation, and was sent at once to the Bicêtre in a state of dementia.*

Bucknill says, "The delusions of the insane come on after some physical or moral shock, and often present strange contrasts to the previous habits of thought, or have no relation thereto."†

Those who have the care of the insane always hold in mind the great sensitiveness of their patients and their susceptibility of sudden excitement and outbreak. With this fear, they keep their patients from disturbing causes arising from persons with them, or circumstances that surround them. They endeavor to keep them under the most calming and soothing influences. They allow none but the most discreet, gentle, and self-disciplined to have the care of or approach them. All the officers, attendants, and companions are selected with this view.

A superintendent of an asylum once told me that, a few weeks previously, a ward of ordinarily very quiet, peaceable patients, was suddenly thrown into excitement, with paroxysms of fury and contention, by the introduction of a new attendant, who was indiscreet, hasty, and irritating; but the storm subsided by the second change, and the substitution of a more skilful attendant.

In August, 1843, I was sitting at a window of the Worcester Hospital with Dr. Woodward. He called my attention to a number of men working in the field near by; to their quietness and order. He said, "They were patients under one attendant; two of them were homicides. Each of these had killed a friend, in a sud-

* *Ibid.*, 228.

† *Criminal Lunacy*, 35.

den outbreak of mania, when they were supposed to be sane. And now they were working as calmly and apparently as safely as any sane farmers." I asked him if there were no danger now. He said, "No, not as we manage them. We select for their attendants, men who are amiable, self-chastened and respectful, who understand the liabilities of these patients, and know how to humor their wayward caprices, and are willing to do so. But if we should do otherwise, and put these susceptible patients under the management of indiscreet or passionate men, they might be suddenly provoked and, in a moment, strike down their guardian, or any one near them, with their hoe or spade."

"Some time last year a patient was at work in the field, hoeing corn. His attendant directed him to vary his labor in some way. In a moment he raised his hoe and struck him over the head."*

Sunstroke is a common cause of sudden cerebral and mental disturbance. Foderè says, "Temporary delirium is occasioned by the action of the sun on the bare head, and by excessive cold."† Hospital reports give abundant evidence of a speedy change from sanity to lunacy produced by this cause. Nineteen cases from sunstroke were received at Worcester in thirty-six years, and twenty-four at Taunton in fifteen years.‡

THE FUNCTIONS OF OTHER ORGANS SOMETIMES SUDDENLY DISTURBED.

The functional operations of other organs, as well as those of the brain, are sometimes suddenly disturbed or even suspended, and disease may supervene in them, rapidly, almost instantaneously. Persons subject to

* Dr. Woodward, x. Rep. 71.

† *Traité du Delire*, i. 425.

‡ Annual Reports, 1868.

rheumatism, and especially those who inherit it from parents, are especially liable to the sudden appearance of their malady. In two persons, now and for many years under my observation, it sometimes comes with the sensation of a blow from a club or a lancet. This may be from exposure to cold, or from exertion, but very commonly from no known cause. The attack usually leaves a painful soreness, and difficulty of motion for a few hours or days, and gradually fades away. Sometimes the pain and weakness last but a moment, and sometimes, after hours or days continuance, suddenly disappear.

The Report of the Health of Towns Commission states, that when, on one occasion, the trap of a very foul sewer in London was suddenly opened, there issued from it a stream of gas of intense oppressiveness, and two men, standing over it, inhaled it, and were at once struck down with typhus fever. When epidemic cholera pervades the community, some of its attacks are as sudden. Digestion is sometimes suddenly arrested by the presence of food, which is unsuitable for the stomach. It is sometimes arrested by sudden mental shock or alarm.

Disturbances of the physical system sometimes suddenly disappear. A patient had for six weeks neuralgia of intense severity; after trials of manifold remedies without apparent effect, at length the pain ceased at once, and left the sufferer entirely free, yet weak.